S&DC-PC

Statement and Designation by Foreign Professional Corporation

To qualify a **professional law or accountancy corporation** from another state or country to transact intrastate business in California, fill out this form, and submit for filing along with:

- A \$100 filing fee, and
- A certificate of good standing, issued within the last six (6) months by the agency where the corporation was formed.
- A separate, non-refundable \$15 service fee also must be included, if you drop off the completed form.

Important! Corporations in California may have to pay a minimum \$800 yearly tax to the California Franchise Tax Board. For more information, go to https://www.ftb.ca.gov.

This Space For Office Use Only

| For questions about this form, go to www.sos.ca.gov/business/be/filling-tips.htm. | | | | | | | |
|---|---|---|---|---|--|---|--|
| availa in Ca | ble fo liforn | e Name (List the exact name of the corporation, as use in the State of California, the corporation must quality as as [list the proposed assumed name]." For a cov/business/be/name-availability.htm.) | ualify under an assumed n general corporate name | ame. E.g., "[list the exact na requirements and restrict | amel which | will do business | |
| 2 Serv | Sta ice (cess . Do | e History e or foreign country where this corporation was of Process (List a California resident or a Califor in case your corporation is sued. You may list an not list an address if the agent is a California register. | formed: mia registered corporate y adult who lives in Calif | agent that agrees to be you | ur agent to ur own co | o accept service rporation as the already on file.) | |
| ٩ | a. | Agent's Name | | | | | |
| | b. | | | | CA | | |
| | | Agent's Street Address (if agent is not a corporation) | - Do not list a P.O. Box | City (no abbreviations) | State | Zip | |
| | abo | The corporation named in Item 1 above irrevocably consents to service of process directed to it upon the agent designated above, and to service of process on the California Secretary of State if that agent or that agent's successor is no longer authorized to act or cannot be found at the address given. | | | | | |
| Corp | orat | e Addresses | | | | | |
| 4 | a. | | | | | | |
| | b. | Street Address of Principal Executive Office - Do not | list a P.O. Box | City (no abbreviations) | State CA | Zip | |
| | | Street Address of Principal Office in California, if any | - Do not list a P.O. Box | City (no abbreviations) | State | Zip | |
| | C. | Mailing Address of Principal Executive Office, if differ | rent from 4a or 4b | City (no abbreviations) | State | Zip | |
| Professional Statement | | | | | | | |
| (5) | The purpose of this corporation is to engage in the profession of (<i>check one</i>): | | | | | | |
| This corporation is a foreign professional corporation within the meaning of Part 4, Division 3, Title 1, California Corporations Code. The shareholders of this corporation shall be subject, with regard to the rendering of professional services by the professional corporation in California, or for California residents, to the same degree of personal liability, if any, in California as is from time to time prescribed by the agency governing the profession in this state for shareholders in a submission to the jurisdiction of the courts of California to the same extent, but only to the same extent, as applies to the shareholders of a California professional corporation rendering services in the same extent, but only to the same extent, as applies to the shareholders of a California professional corporation in the same profession. The foregoing submission to jurisdiction is a condition of qualification to do business in this state. | | | | | | | |
| Read | anc | sign below: This form must be signed by an | officer of the foreign co | rporation. | | | |
| • | | | | | | | |
| Sign here | | | Print your name here | | Your officer title | | |
| Make check/money order payable to: Secretary of State Upon filing, we will return one (1) uncertified copy of your filed document for free, and will certify the copy upon request and payment of a \$5 certification fee. | | | By Mail Secretary of State Business Entities, P.O. Box 944260 Sacramento, CA 94244-2600 | | Drop-Off Secretary of State 1500 11th Street, 3rd Floor Sacramento, CA 95814 | | |